NO. 10 20

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification

	Hepartment,	Outy of Bal	timore.
Permit No	fice of Registra	of Mal Sectistic.	s. Ward
The Physician who attended any to the Undertaker or other person sup- trequested so to do, under penalty of la	person in a last illness, is concerning the burial,	thole for the presentation of the twendy-join nours after the deaded without X Proper Certification.	is Certificate, accurately filled out, h of said deceased, or sooner, it
The state of the s	TIFICATE	OFODEAT	TH.
Date of Death, &	ly 21 1887	0 1	
Full Name of Deceased, $\left\{egin{array}{ll} \operatorname{Wr} & \operatorname{corn} \\ \operatorname{for} & \operatorname{of} \end{array}\right\}$	ite legibly and spell rectly. If an Infant named, give names	mus 2. In	nM
Sex, Male or Female, Cross of required	t the word not }		·····
	Years,	Months,	Days.
Color, White			11
Married, Single, Widow or Occupation, Horman	at 33 8 b.	RR	
Birth Place, State or country, and h long in the United State if of foreign birth.	ow Batte	mm	
Duration of Residence in t	he City of Baltimore	Hem but	£
Place of Death, Give Street and Number.	M 25 8. 1	arting to Na	m
Cause of Death, $\begin{cases} \text{First (Prims)} \\ \text{Second (Im)} \end{cases}$	mediate),	Sysatery	
Duration of Last Sickness,	14 day		
Place of Buriat, London	Park,		
	20 / PM	In . Draw	Jan M. D.
J Undertaker, Denny	& Mitchell	- nul Alm	Medical Attendant,
Date of Burial, Villey Undertaker, Denny Place of Business, 201	m. Fayette Ad	idress, M14 A.	Pace St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

of Baltimore.

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Bepartment

Permit No. 163/ Office of Red	istrar of Vital Statistics.	Ward /3-
The Physician who attended any person in a last illu- to the Undertaker or other person superintending the buri	ess is responsible that he presentation of this Co	ertificate, accurately filled out,
requested so to do under penalty of law	e OFTAINED WITHOUT A PROPER CERTIFICAT	
		_ C
CERTIFICA		7.
Date of Death,	July 224 1881	11
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Modey Ann Ho	10H
Sex, Male or Female, (Cross out the word not)		1
Age, Years, W.	Months,	Days.
Color, Me	te 1	
Married, Single, Widow or Widower; {Cross requir	out the words not }	
Occupation	None	
	inginia	
Duration of Residence in the City of Ba	altimore, 30 years	0.
DI C D. II (Give Street and) 209	N Hoody wil	FI
(First (Primary) 510	age & Bhouna	tym
Cause of Death, { Second (Immediate),	stains Cance	
Duration of Last Sickness, All the above information should be furnished by the Physician		,
Place of Burial, Green Moun	et:	
Date of Burial, July 25th 185	7 800	Par
J Undertaker, H Lewis Scha	elen live to	M. D.
24204	0 C-13 11	men Alleberra

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.
Permit No. 1/32 Office of Registrar of Vital Statistics. Ward 2 7
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within togety-four hours after the death of said deceased or sooner
out, to the Undertaker or other person superintending the burial, within allowing the formula, within allowing the burial, within allowing the burial
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not } required in this line.
Age, Years, Months, Months, Days.
Color, White
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation,
Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and Number.
(First (Primary),
Cause of Death, Second (Immediate),
Duration of Last Sickness,
Place of Burial, It When sus Compley
Date of Burial, July 23, 1887 James Steward M. D
(Undertaker, F. Brook aus his
Place of Business, Click Ann & Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The Physician who attended any person in a last iffacts, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Spelly 387
Full Name of Deceased, Write legibly and spell Mary 255 Correctly. If an Intent Mary 255 Correctly. If an Intent of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Days.
Color, Colon
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore 6 2000
Place of Death, Give Street and 546 M Mary I
Cause of Death, Second (Immediate), Buffamation of Kidneys
Duration of Last Sickness, 2 Lower Information should be furnished by the Physician.
Place of Burial, Laurelleenely //
Date of Burial, July 23:81 To P. M. 101
(Undertaker, Cley Herristy 47, Villes M. D. Medical Attendant.
Place of Business, 5 610 rehard Address, 437 MBiddles
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any personal die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case is an ender his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Poard of Health, Eity of Paltimore, FFICE OF REGISTRAR OF VITAL STATISTICS. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled ut, to the undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. CERTIFICATE OF DEATH. Date of Death, Write legibly and spell correctly. If an infant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, { Cross out the word not } required in this line. } Age,Days. Color, Married, Single, Widow or Widower, Cross out the words not } Occupation, Duration of Residence in the City of Baltimore, Place of Death, { Give street and } Cause of Death, ? Duration of Last Sickness,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to for within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Cer setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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U			and the same	801989

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City of Baltimore.
Permit No. 1635 Office of Registrar of Vital Statistics. Ward 19
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 2 2 2 2).
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male on Female, {Cross out the word not }
Age, 45 Years, Months, Days
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, and low of foreign birth. Calmy Co. Md.
Duration of Residence in the City of Baltimore, 9 470.
Place of Death, {Give Street and } 1382 Hhat coat U.
Cause of Death, { First (Primary), Second (Immediate), Second (Imm
Duration of Last Sickness, Francisco All the above information should be furnished by the Physician.
Place of Burial Shonf St bennety
Date of Burial, July 23. 1887 Huschappell_M. D.
(Undertaker () & 10 lbs

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 5 6/0 rehardes

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Medical Attendant,

Hean	n Heyari	imeni,	oftin n	Dam	mure.	,,
Permit No. 1636	Office of 2	Registrar	of Wital .	Statistics.	Ward	180
The Physician who attend to the Undertaker or other per- requested so to do, under penal	ed any person in a last on superintending the y of law.	illness is respe builted, within	nsible for the pre twenty-four hours	sentation of this (offer the death of	said deceased,	or sooner, i
No Pr	ERMIT FOR BURIAL CA	N BE OBTAINE	D WITHOUT A PI	ROPEH CERTIFICA	TE.	()
CE	RTIFIC	ATE	OFI	DEAT	H.	
Date of Death,	uly	22	1887		·/··········	
Full Name of Decease	d, {Write legible and sp correctly. If an Infa not named, give nam of parents.	ell Ma	ny + A	eury Si	upley (Sarents
Sex, Male or Female,	Cross out the word not required in this line.					8
Age,	Years,	9	Mon	ths,	1	Days.
Color, Who	te			/	, /	
Married, Single, Wido	w or Widower, {{	Cross out the words required in this lin	e. }		1/	
Occupation,						3
Birth Place, State or count long in the Unif of foreign b	ry, and how lited States, firth.	/	uglon	0.0		
Duration of Residence	in the City of	Baltimore,	12	mos		
Place of Death, $\{^{ ext{Give Str}}_{ ext{Num}}$	eet and }	760	level	and:	sh	
Grand of Dogth First	(Primary),	Mar	asn	nues		
Cause of Death, $\left\{egin{array}{l} ext{First} \ ext{Seco} \end{array} ight.$	nd (Immediate),		()			
Duration of Last Sici		,f	reel	0	•••••	
Place of Burial, M	regiren le	ment				
Date of Burial, Ju			Lucar	d All	Dendom	/M D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 1003 W Butte Address,

Undertaker,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(Undertaker,

Place of Business 1003 W

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Bepartment, Yilal Statistics. Office of Registron The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-join hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Sex, Male or Female, (Cross out the word not required in this line. Age. Months, Days. Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, } if of foreign birth. Duration of Residence in the City of Baltimore, $Place \ of \ Death, \{ {}^{ ext{Give Street and}}_{ ext{Number.}} \}$ Cause of Death, Infan Tum Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Place of Burial, Louden Jark Date of Burial, Fully

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

alle Address,

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit

out, to if requ

Date

Full

Sex,

Age

Colo

Mar

Occu

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Dur

Plac

Health Department, City of Baltimore.
No. 1638 Office of Registral of Vital Statistics. Ward 9
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled the Undertaker or other person superintending the burial, within twenty first hours after the death of said declased, or sconer
ested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
of Death, Tuly 22",81
Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Male or Female, {Cross out the word not }
Years, Months, Days.
, Colored
ried, Single, Widow or Widower, Cross out the words not required in this line.
pation,
h Place, {State or country, and how long in the United States, if of foreign birth.
ation of Residence in the City of Baltimore,
ce of Death, Give Street and Number.
(First (Primary), the " In faction

Duration of Last Sickness, ... All the above information should be furnished by the Physician.

Place of Burial, Lana

Second (Immediate),

Date of Burial, Luly

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics

in the City of Baltimore. SECTION 2. And be it further chacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City of

ermit No. A 1039 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, it responsible for the presentation of this Certificate, accurately filled out the Undertaker or other person superintending the barish within twenty four hours after the death of said deceased, or sooner, it
equested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 23, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line.}
1ge, 60 Years, Months, Days
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Sirth Place, State or country, and how long in the United States, dif of foreign birth.
Puration of Residence in the City of Baltimore, Lettino
Place of Death, {Give Street and } Ocr. Fayette & Sculle 85
Cause of Death, Second (Immediate),
Ouration of Last Sickness, /o day
Place of Burial, Latina Center
Date of Burial, July 23-1887)
Undertaker, Helwy H. Mlavis Medical Attendant.
Place of Business, #4113 & Fayelle & Address, 1605 & 1 Jaly S.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

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